

Docket No. 9008-1004

**POWER OF ATTORNEY**

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from **TOMKINS & CO** as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,890, Benoit CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, Eric JENSEN, Reg. No. 37,865, Liam MCDOWELL, Reg. No. 44,231, and Philip A. DUBOIS, Reg. No. 50,696,

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**00466**

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Paul ROSSInventor's signature: Paul RossDate: 14/3/07Residence: Cork, IrelandCitizenship: IrelandPost Office Address: 3 Capwell Road, Cork, IrelandFull name of second joint inventor, if any: Stephen HALLAHAN

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: Dublin 24, IrelandCitizenship: IrelandPost Office Address: c/o Cross Vetpharm Group Limited, Broomhill Road, Tallaght, Dublin 24, Ireland

Full name of third joint inventor, if any: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of fourth joint inventor, if any: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_